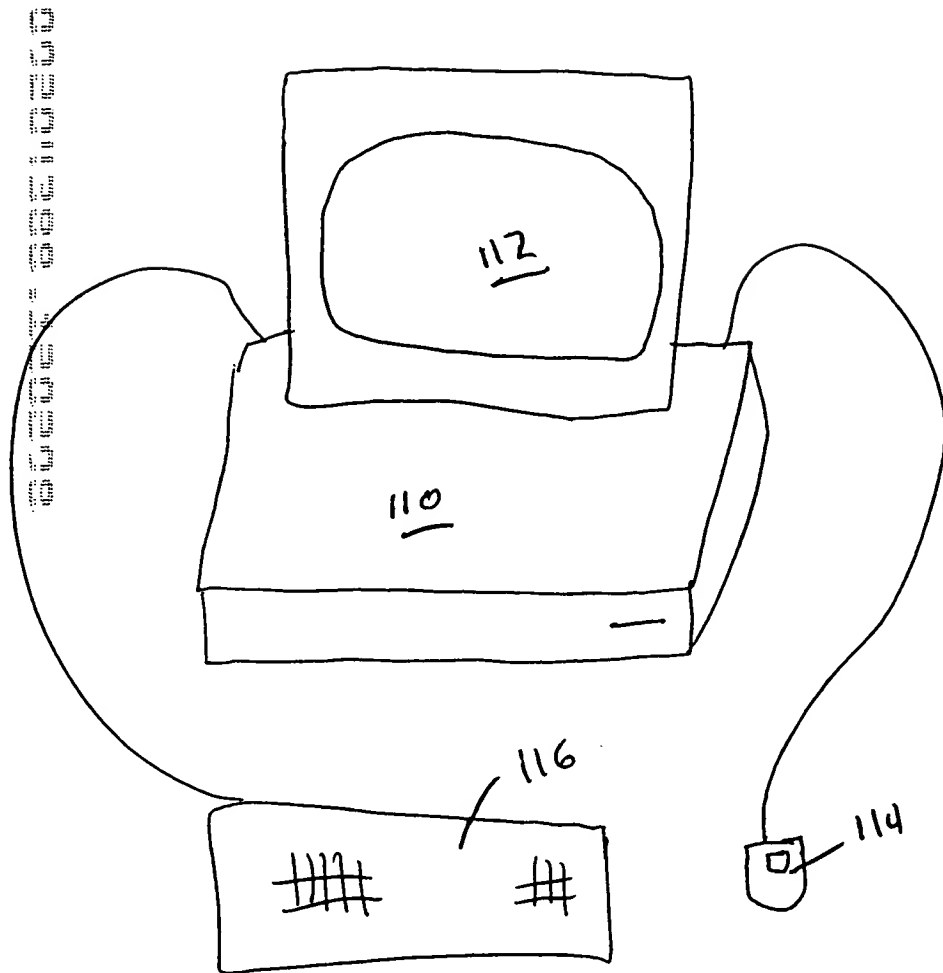


FIG 1



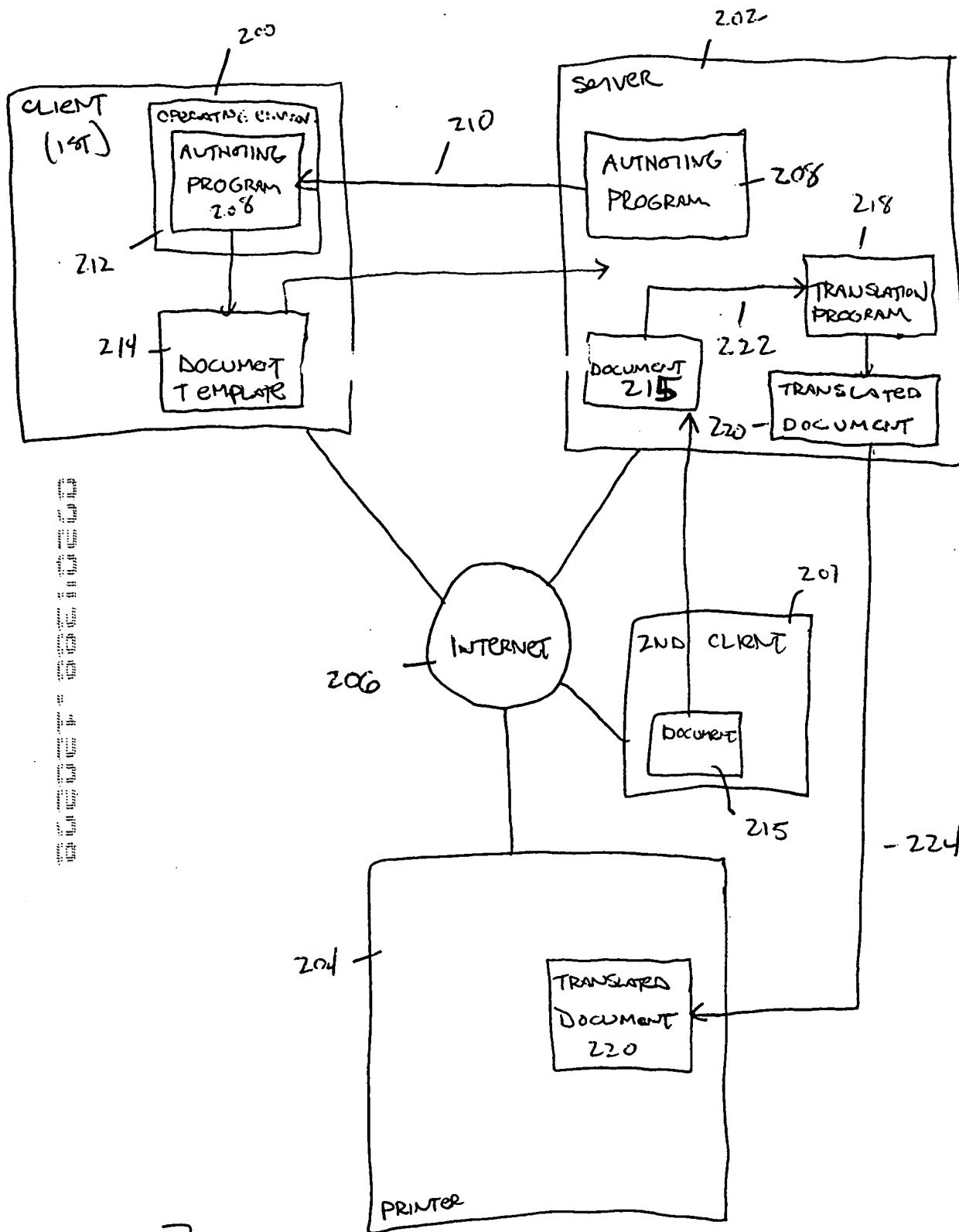
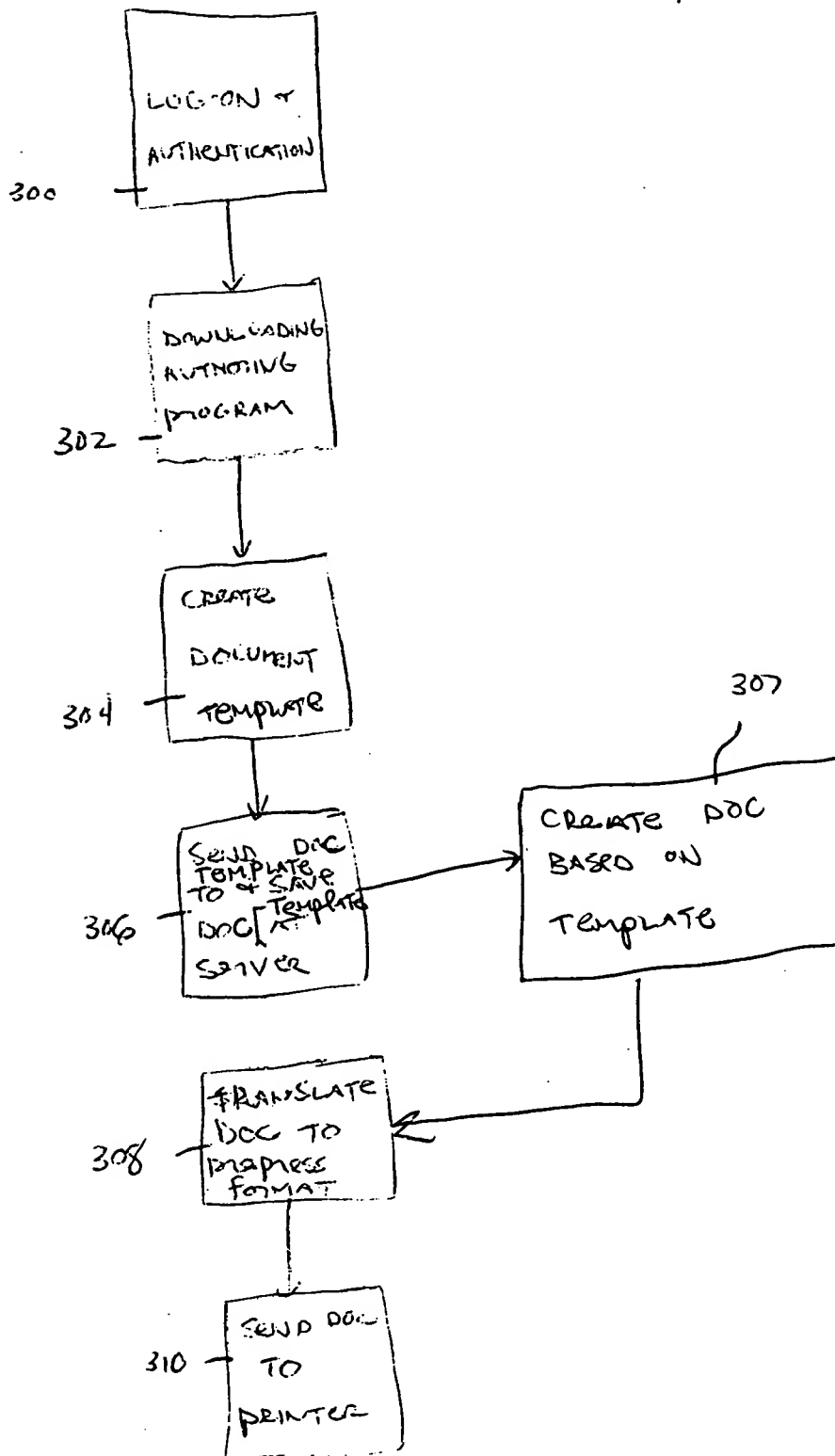
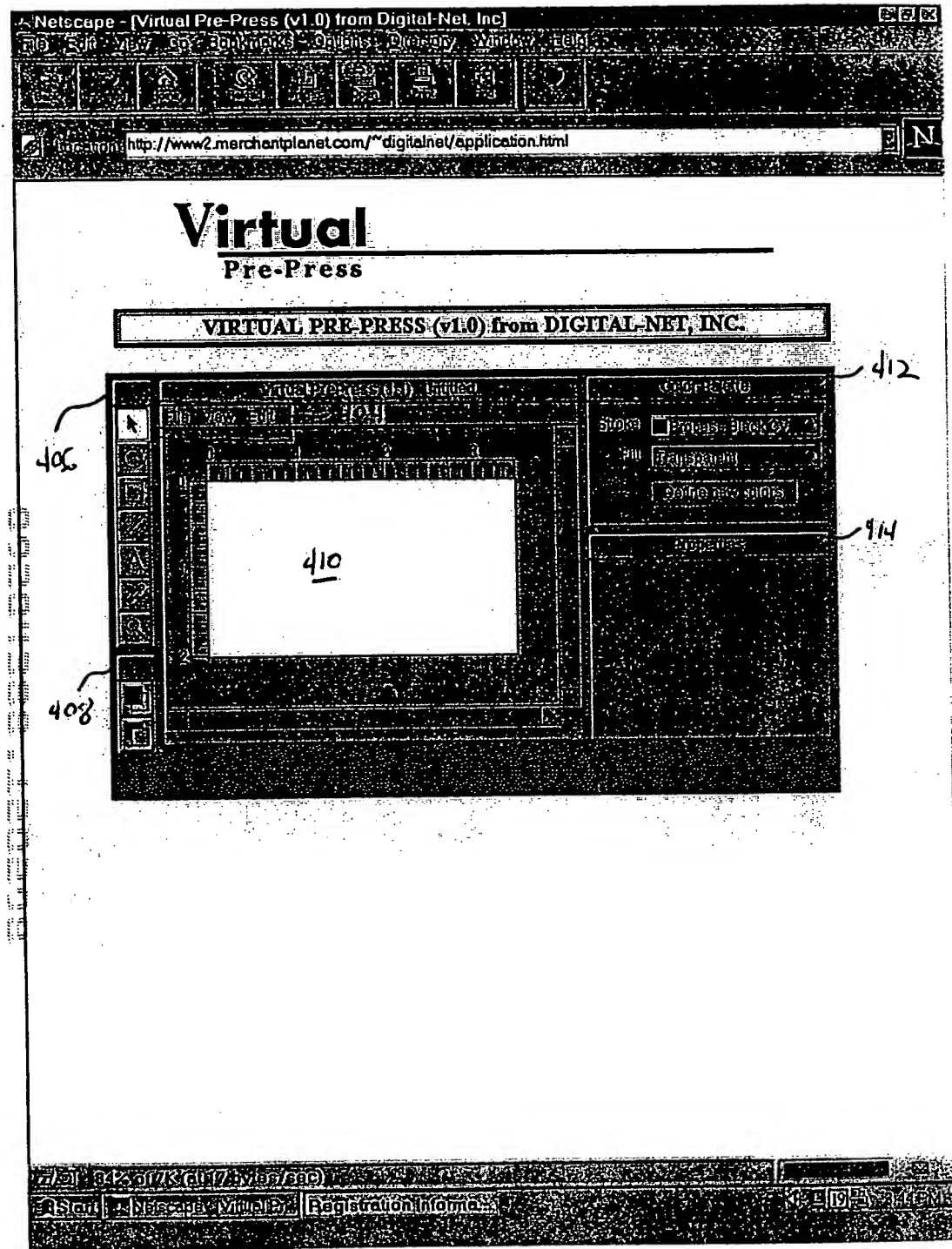


FIG 2

FIG 3



102



21

FIG 4a

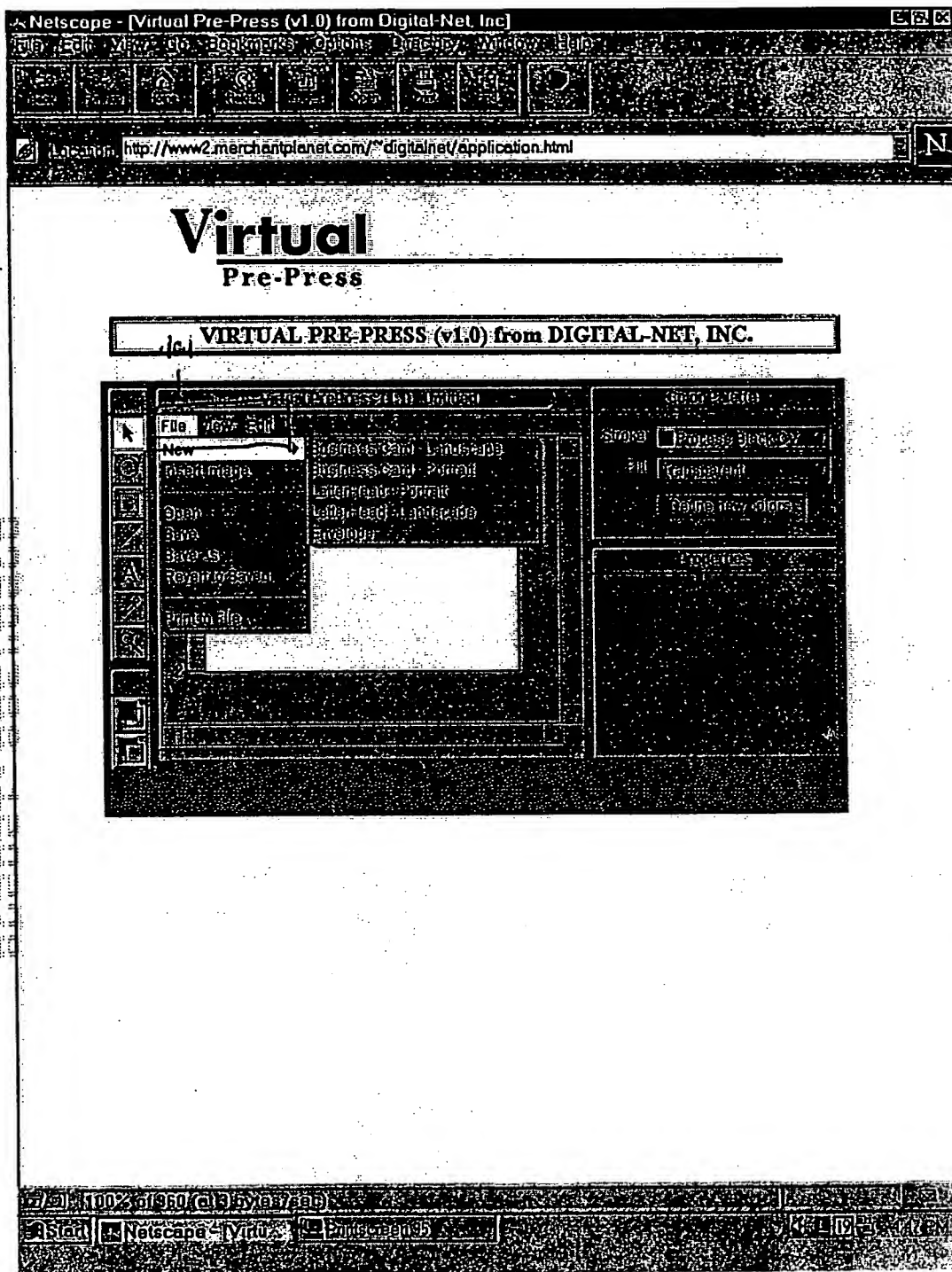


FIG 4b

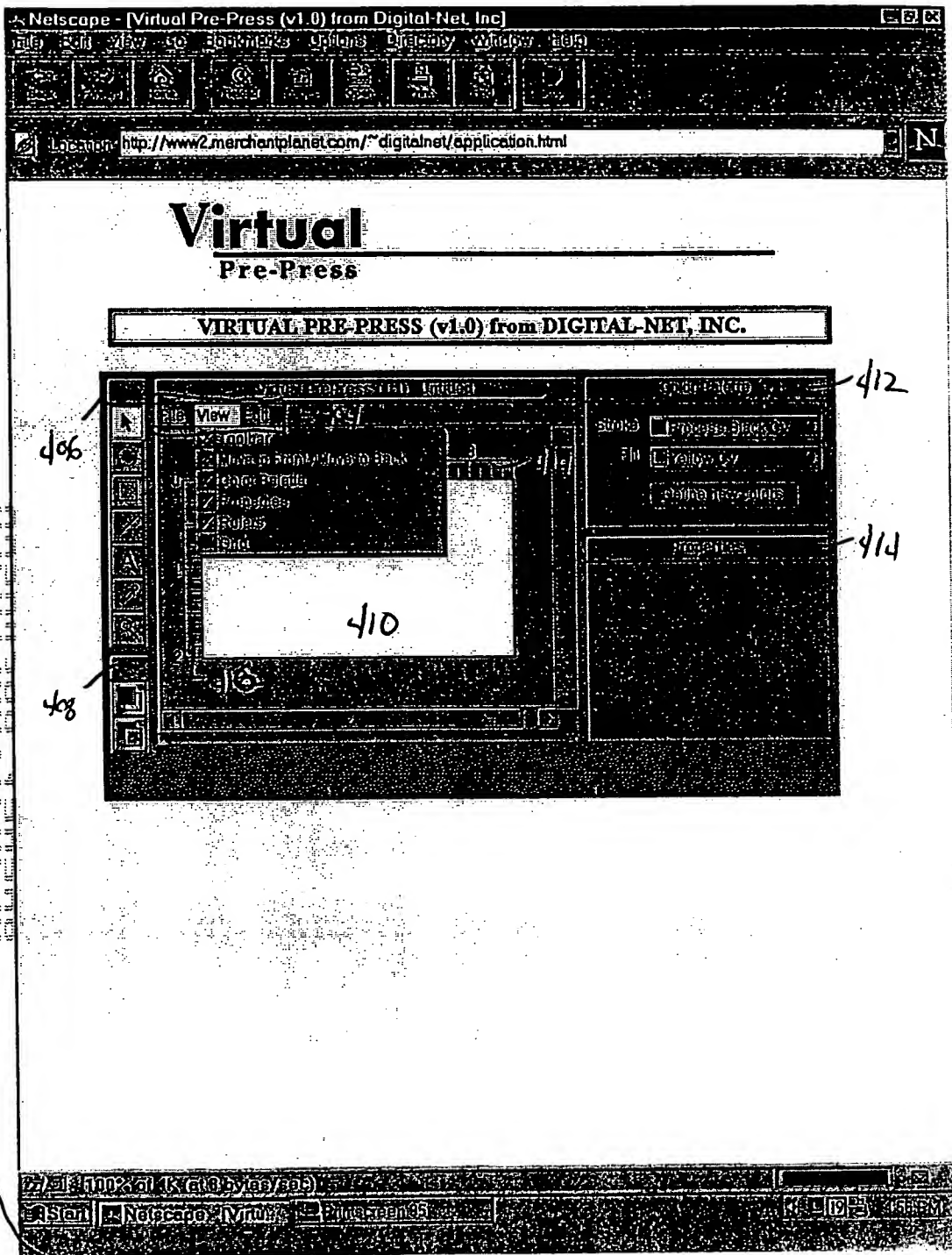


FIG 4c

402

60

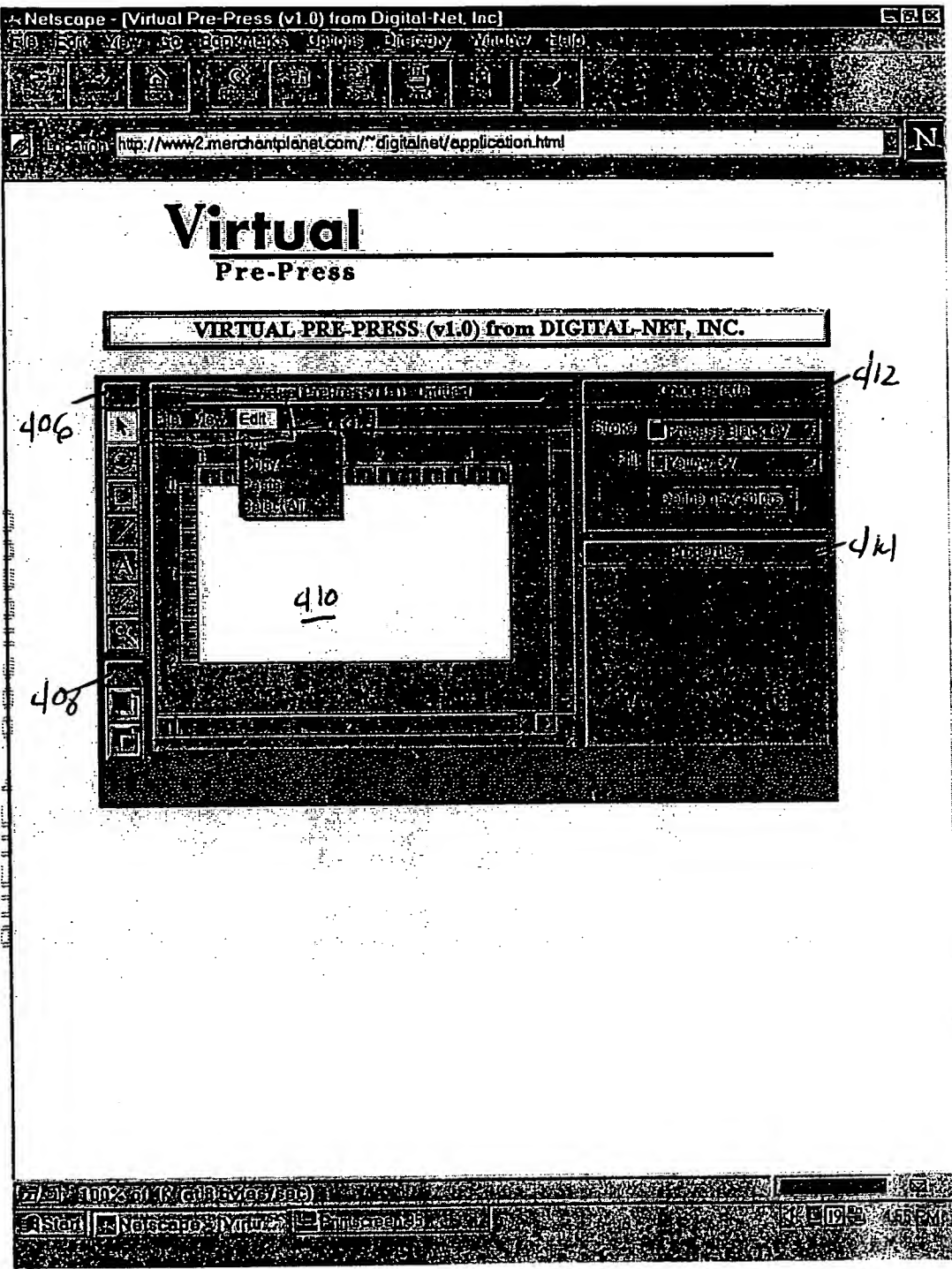
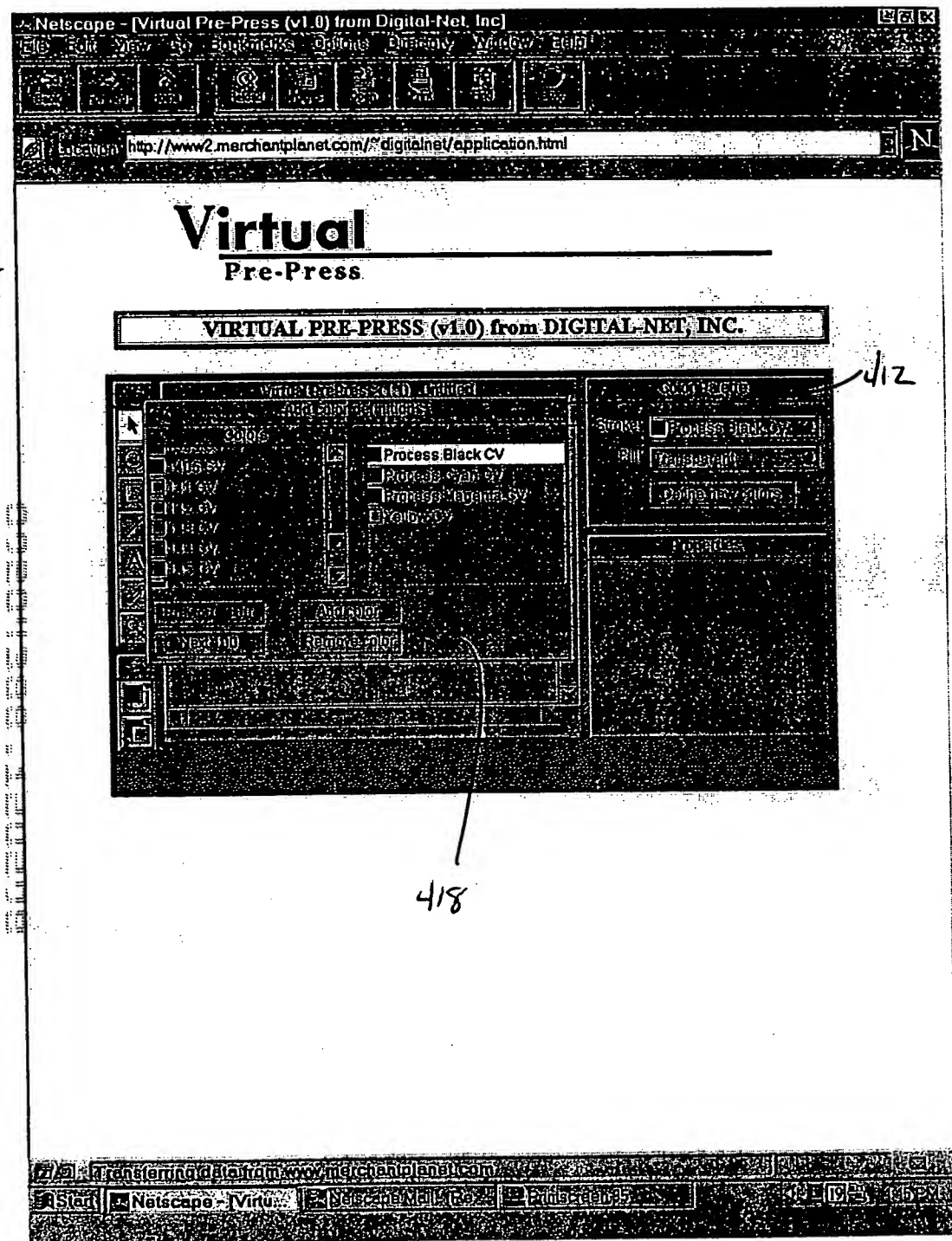


FIG 4d

402



412

418

FIG 4a

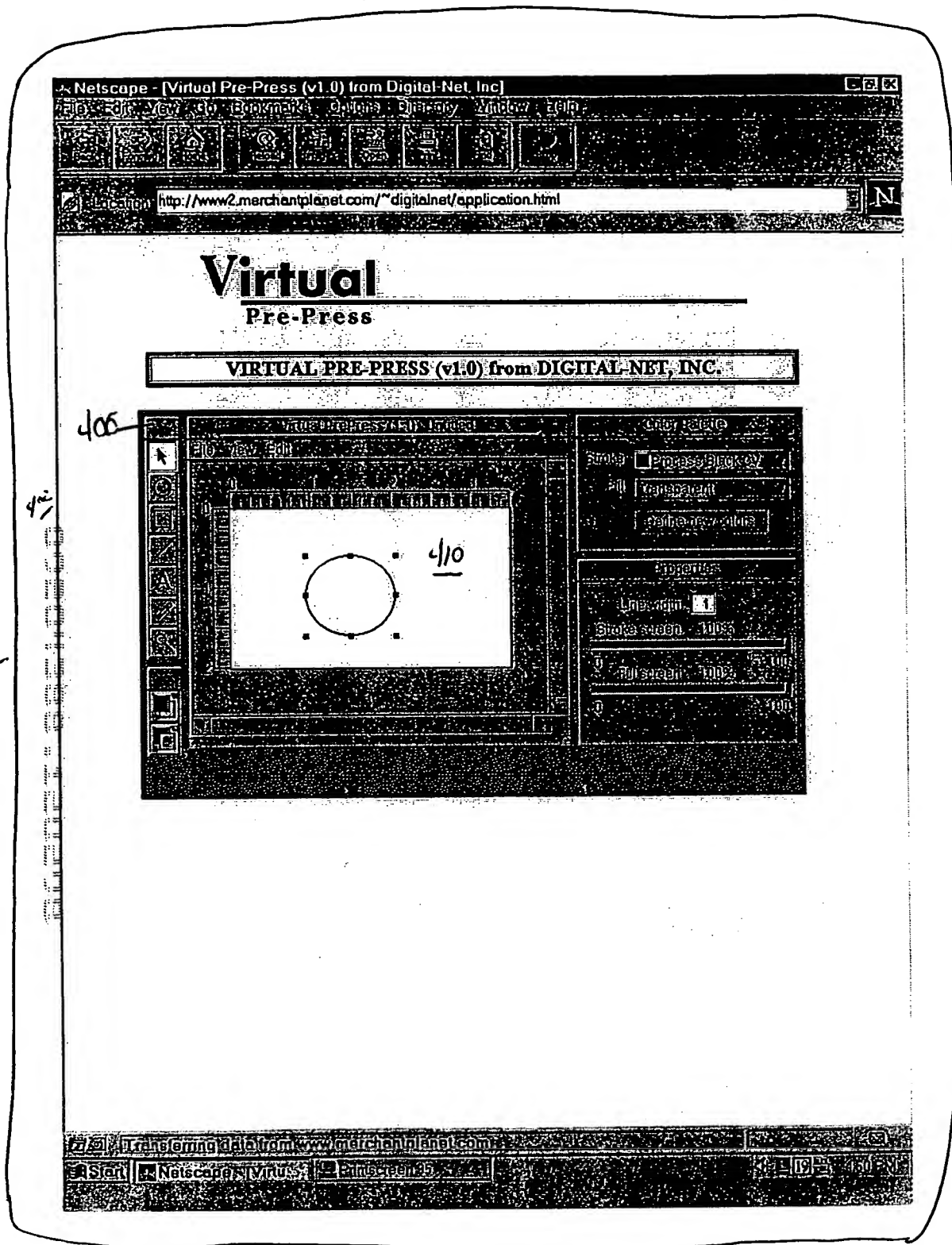


FIG 4f

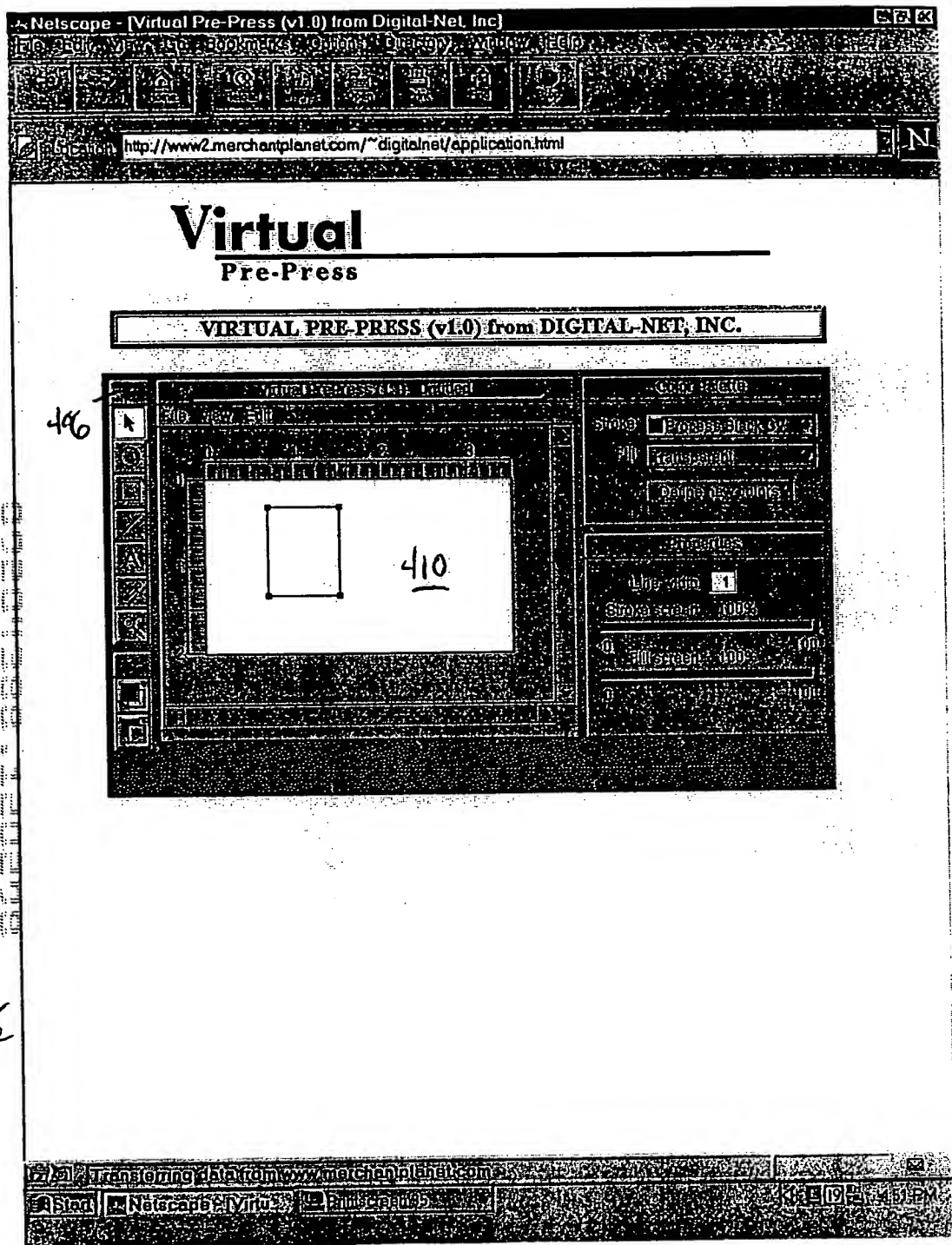


FIG 4g

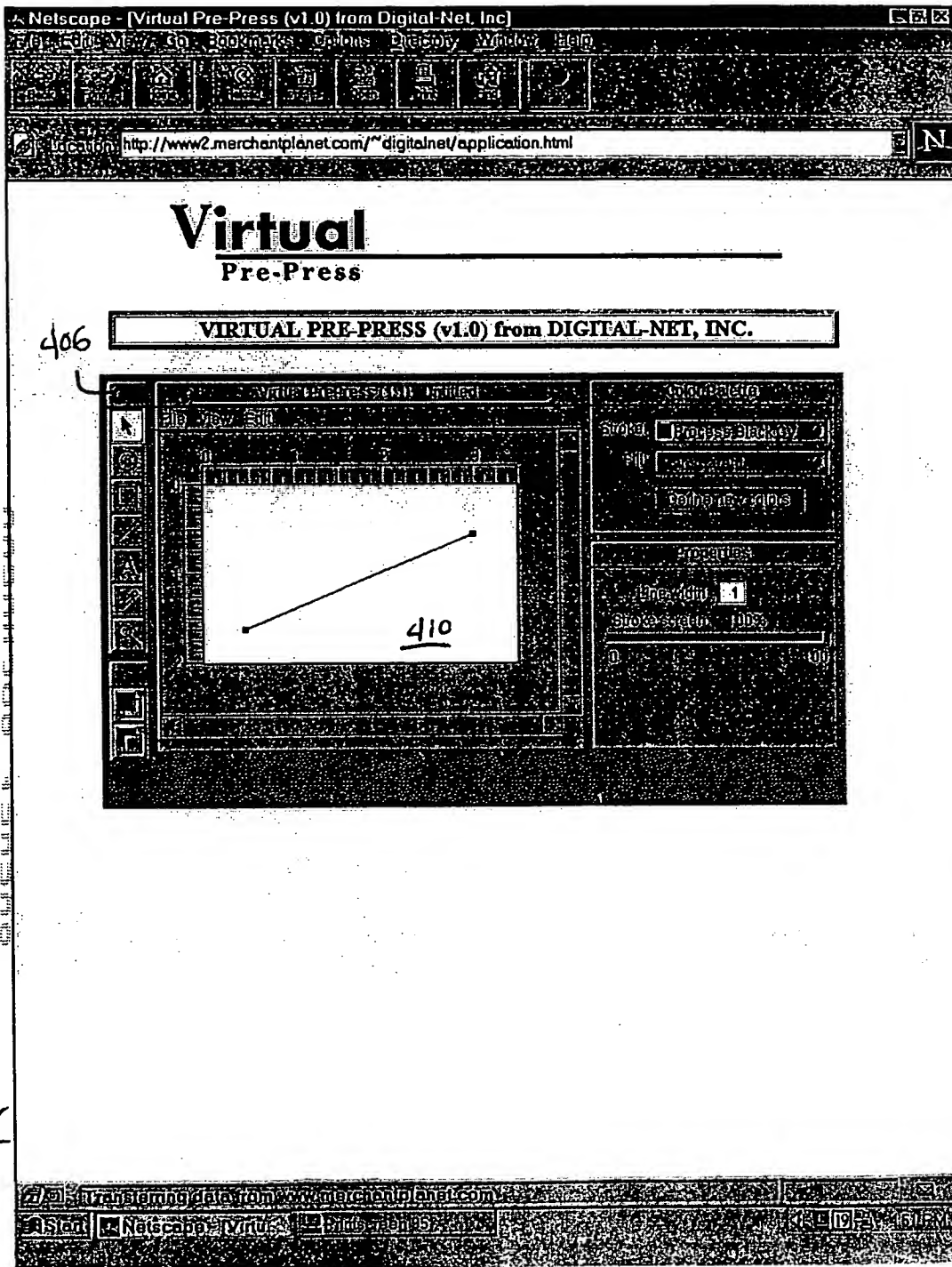


FIG 4h

r402

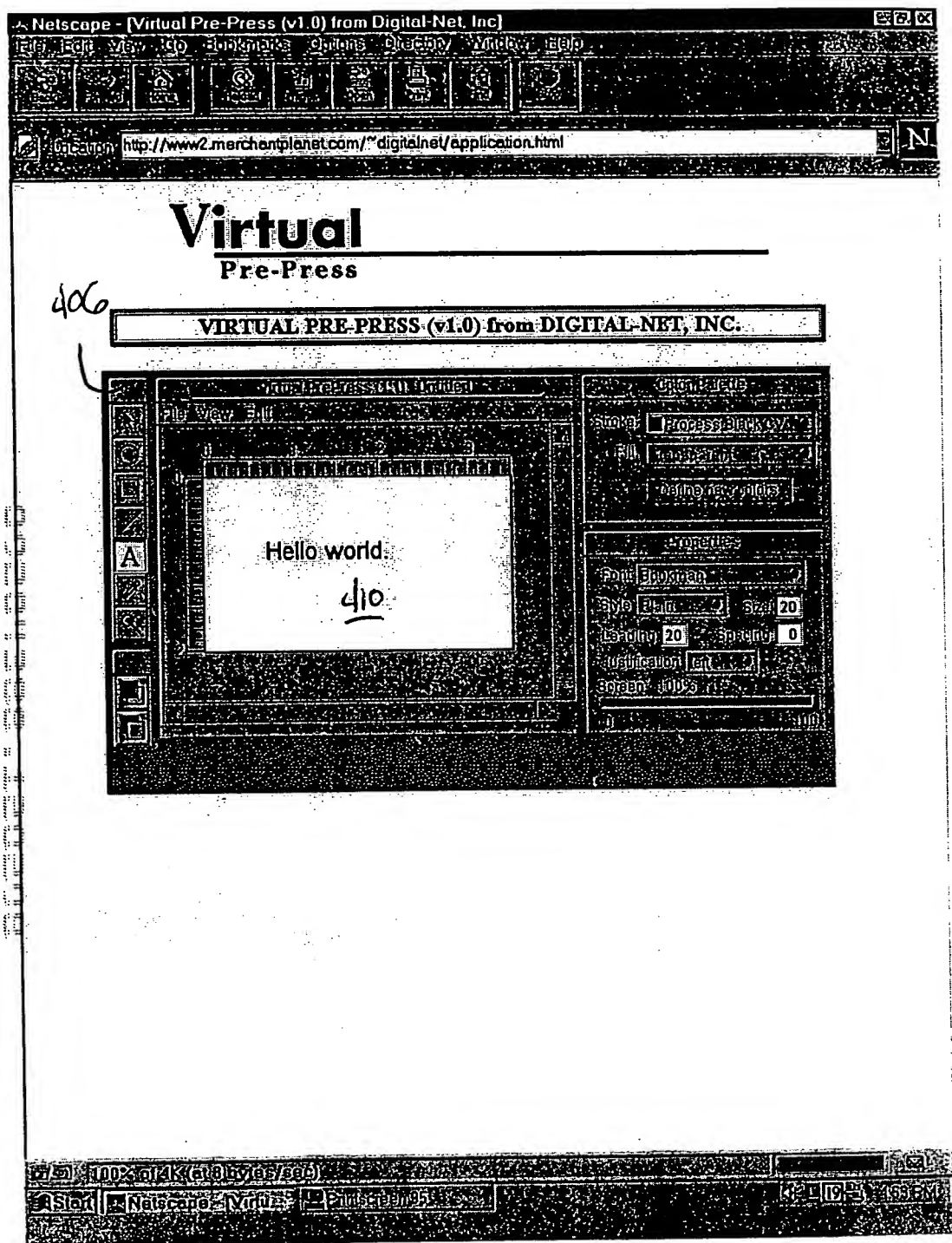


FIG 4:

r Joz

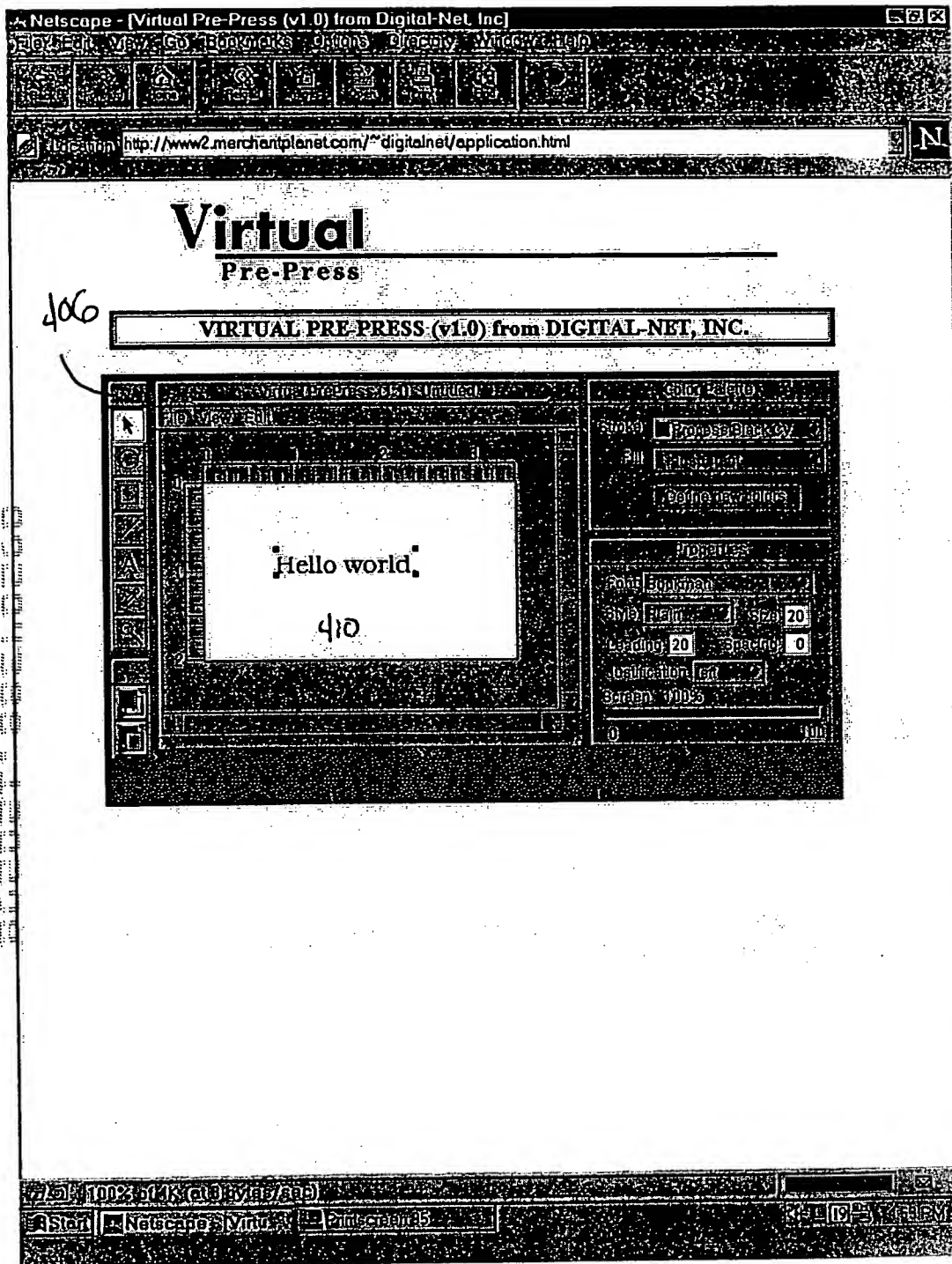


FIG 4j

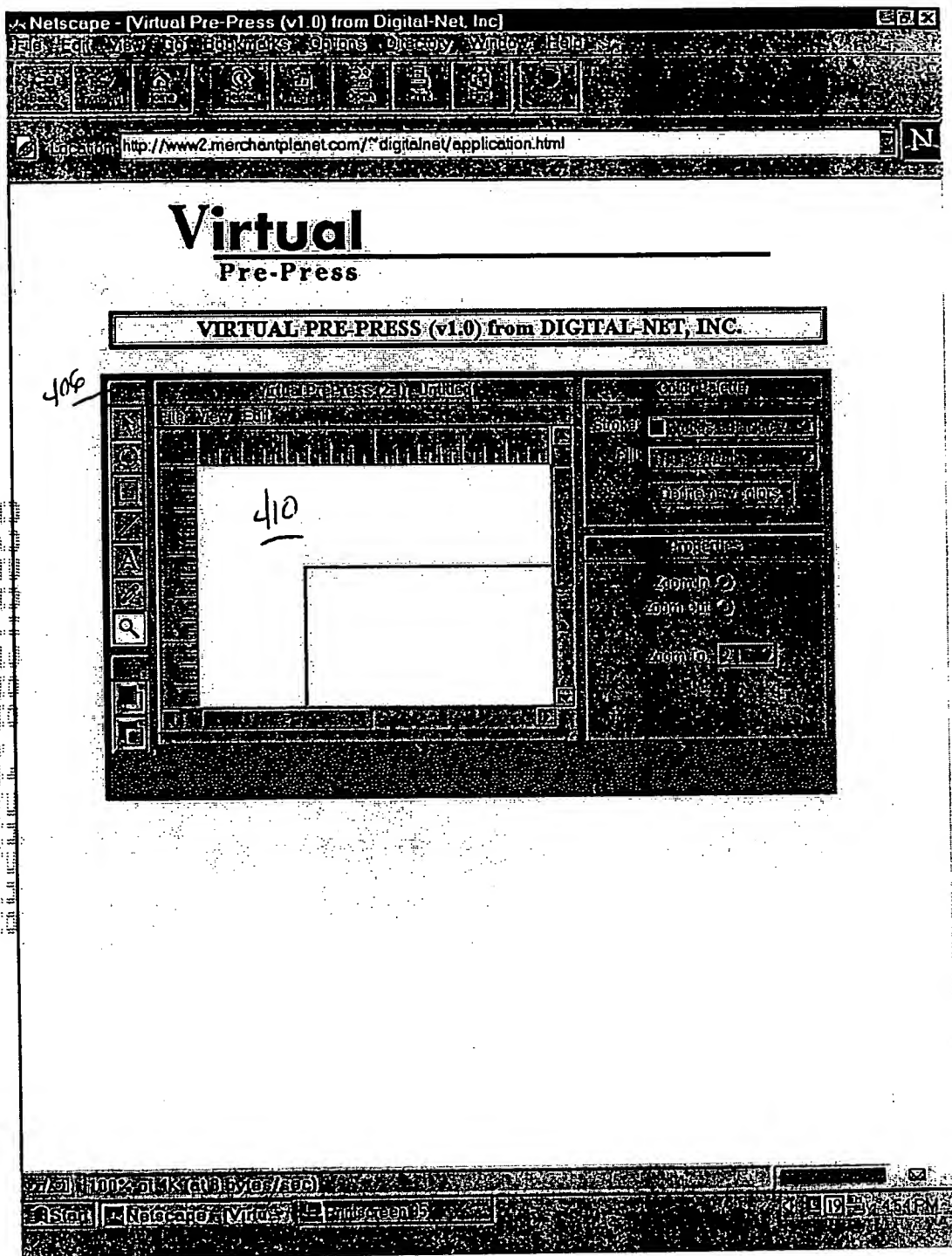


FIG 4k

1
400

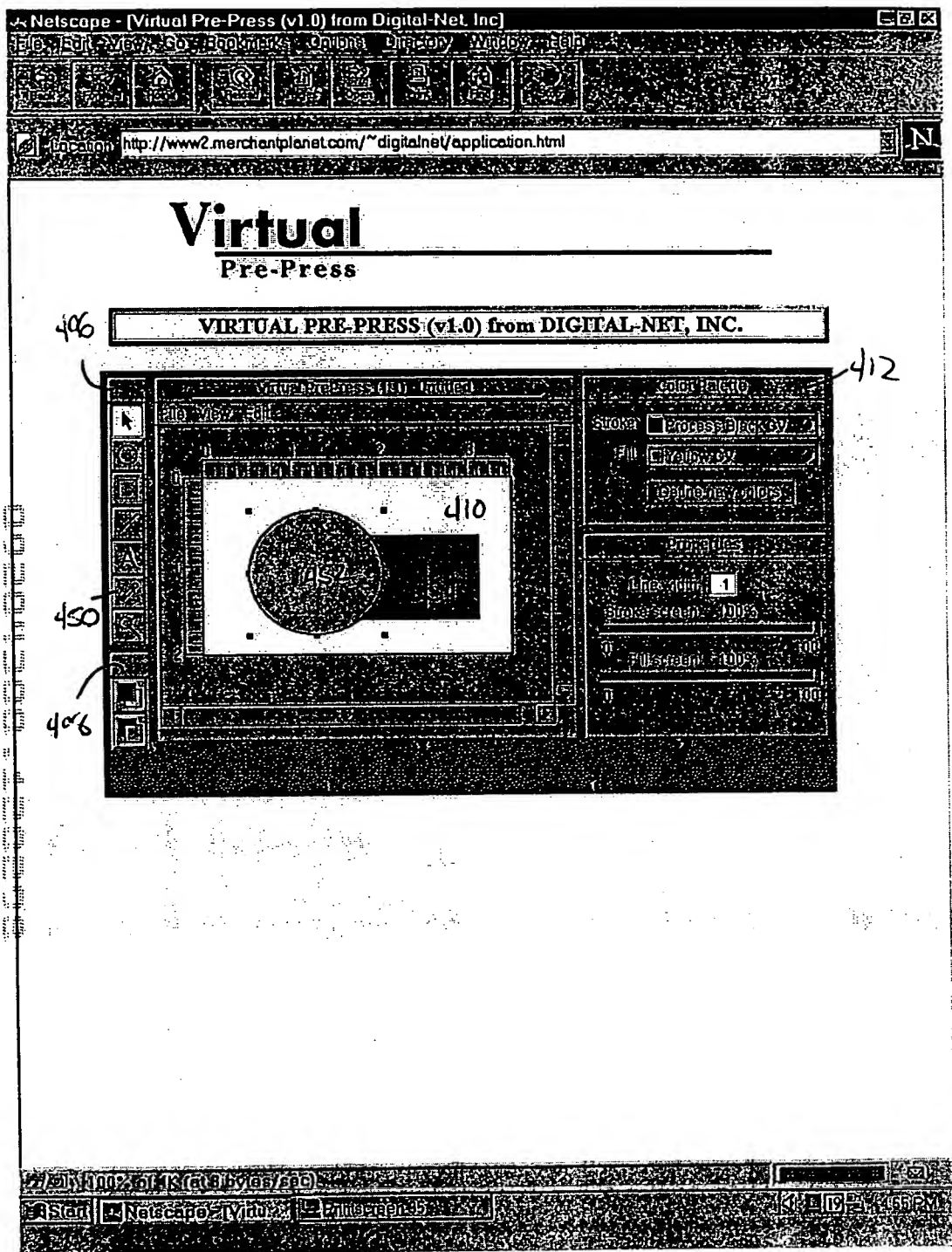
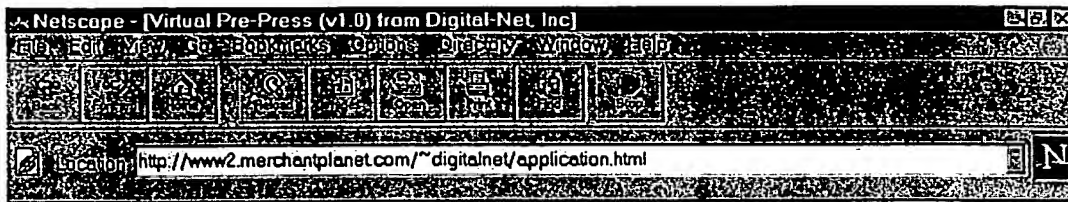


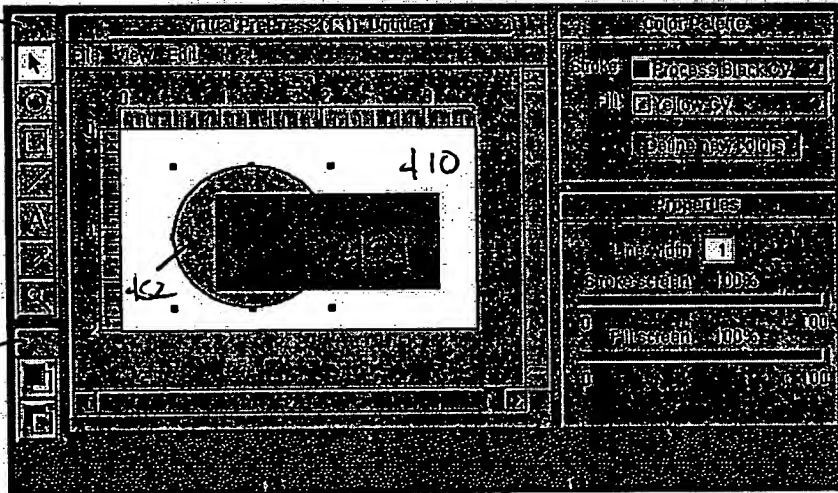
FIG 42



Virtual Pre-Press

406

VIRTUAL PRE-PRESS (v1.0) from DIGITAL-NET, INC.



402

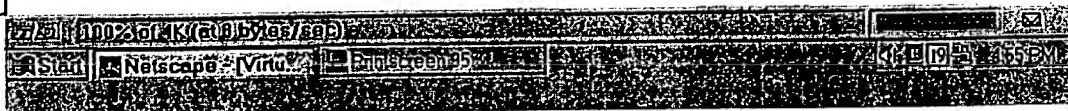


FIG 4m



GLOBAL INSURANCE COMPANY

Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))



GLOBAL INSURANCE COMPANY

FName MInitial LName

Title or Position

1234 Main Street, Suite 56
Anytown, MN 55000 USA

Tel (123) 456-7890

Fax (123) 456-0000

E-mail FNLName@globalins.com

Please Fill out the following form with information as you wish it to appear on your business card.

Leave fields blank that do not apply.

EMPLOYEE INFORMATION

First Name: 509

Middle Initial: 506

Last Name: 508

Title or Position: 510

CONTACT INFORMATION

FIG 5a

Division/Dept.:

Address:

Suite/Number:
(optional)

City:

State:

Zip/Postal Code:

Email:
Email Format: initial.last@globalins.com

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

Name:

Number:

Telephone

() - Ext:

Fax

() - Ext:

-empty-

() - Ext:

-empty-

() - Ext:

526

-502

-500

Preview Card

(Preview Card)

526

FIG 56



GLOBAL INSURANCE COMPANY

Virtual Pre-Press Business Card Ordering System

(Click here for [Instructions](#))



GLOBAL INSURANCE COMPANY

532

530

Michael Johnson
National Sales Manager

2002 Sibley Avenue, Suite 100
Saint Paul, MN 55101 USA

Tel (123) 456-7890

Fax (123) 456-0000

E-mail mjohnson@globalins.com

4

Please review your card above. This preview above will be **EXACTLY** how your business cards will be printed. If there is a mistake correct the information in the form below and click on the "Preview" button to preview the card again. When you are satisfied with the information shown on the card **GO TO THE BOTTOM OF THIS PAGE AND FILL IN YOUR ORDER AND DELIVERY INFORMATION** then click on the "Submit Card Order" button.

EMPLOYEE INFORMATION

First Name:

Middle Initial:

Last Name:

Title or Position:

534

F16

50

CONTACT INFORMATION

Division/Dept:

Address:

Suite/Number:
(optional)

City:

State:

Zip/Postal Code:

Email:

Email Format: finitial.last@globalins.com

534

Please Fill in your Telephone numbers. Leave fields blank that do not apply.

502

500

Name:

Number:

Telephone

(123) 456-7890 Ext:

Fax

(123) 456-0000 Ext:

-empty-

() - Ext:

-empty-

() - Ext:

ORDER & SHIPPING INFORMATION

Number of Cards:

250

Type:

- ☒ Normal Inter-Office Delivery
- ☐ UPS 2nd Day Air
- ☐ UPS Next Day Air

Deliver to:

- ☒ Address on Business Cards.
- ☐ Alternative Address shown below.

First Name:

Last Name:

Address:

Address:

Suite/Number:

City:

State:

Zip/Postal Code:

VERIFICATION INFORMATION

Cost Center:

Employee I.D.#:

(Finish)

FIG Sd

1502

1500